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WHO/UNICEF/UNFPA Coordinating Committee on Health

Report of its second session held at the headquarters of the World Health Organization

Geneva, 2-3 December 1999

Summary

The present document contains the report of the second session of the WHO/UNICEF/UNFPA Coordinating Committee on Health, which met on 2-3 December 1999 at WHO headquarters in Geneva.

* E/ICEF/2000/2.

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WHO/OMS UNICEF UNFPA/FNUAP

WHO/UNICEF/UNFPA Coordinating Committee on Health
Second session
Geneva, 2-3 December 1999

CCH2/99/9/Repor
14 December 1999

Report of WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH)

WHO headquarters, Geneva
2-3 December 1999

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OPENING OF THE SESSION (Agenda items 1-4)

1. In the absence of the outgoing Chairman, Mr de Silva (Sri Lanka), WHO Executive Board, who was unable to attend, Dr Gro Harlem Brundtland, Director-General of WHO, opened the meeting and welcomed the participants (Annex 1).

2. Dr Attiyat Mustapha (Sudan), UNICEF Executive Board, was elected Chairman and Dr Godfried Thiers (Belgium), WHO Executive Board, Mr Samuel Aymer (Antigua and Barbuda), UNICEF Executive Board, and Dr Carol Vlassoff (Canada), UNFPA Executive Board, were elected Rapporteurs.

3. The agenda was adopted (Annex 2).

4. Dr Brundtland, Director-General of WHO, said that the Committee would devote much of its second session to consideration of the implementation of the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD), in particular the key actions for moving the Programme forward adopted by the Special Session of the United Nations General Assembly earlier in 1999. This was a continuation of the Committee's tradition of ensuring that the major United Nations conferences of the 1990s had a real impact.

5. For its part, WHO was making coordination and partnerships within the United Nations system a priority and was working through the United Nations Development Group (UNDG) to support the UNDAF process at country level. It was also continuing to collaborate with UNICEF and UNFPA and other organizations, including the World Bank, in a number of important areas, in particular with a view to working together more effectively at country level.

6. Despite 12 years of Safe Motherhood Initiative, too many women continued to suffer and die as a result of complications of pregnancy and childbirth, especially in developing countries. Improved access for women to timely and skilled attendance was therefore of great importance. Within the joint WHO/UNICEF/UNFPA programming framework for adolescent health and development, attention to five key health issues was vital: sexual and reproductive health, substance abuse, mental health, injury and nutrition. Mother-to-child transmission was the most significant source of HIV infection in children under 10 years, a particular problem in Africa. A global interagency initiative was proposed, within the framework of UNAIDS, for the three organizations to tackle that problem. Collaboration between WHO, UNICEF, UNFPA and other partners would continue to be critical to immunization activities, including support for poliomyelitis eradication and the Global Alliance for Vaccines and Immunization, which would be launched early in 2000.

7. The proposals before the Committee had been prepared jointly by the staff of WHO, UNICEF and UNFPA and represented a common view of how progress might be made. She looked forward to the Committee's comments on how best each organization could make its contribution.

8. Ms Bellamy, Executive Director of UNICEF, noted that the four areas to be reviewed were major challenges to both health and development but that significant progress was feasible in the next decade. A sharper focus on fewer issues in future sessions would support the work on improving joint approaches.

9. She highlighted in particular the aspirations of universal child immunization and recent declines in immunization coverage in some developing countries. An alliance for immunization headed by UNICEF,

WHO, and the World Bank, and supported by bilateral donors, the vaccine industry and a number of private foundations was to revitalize and modernize existing immunization programmes and include new vaccines. UNFPA's participation would be important in particular as it related to combating maternal and neonatal tetanus. She drew particular attention to the need to provide timely and adequate resources for the eradication of poliomyelitis.

10. The prevention of mother-to-child transmission of HIV was a new and difficult challenge but interventions were available which could reduce the chances of this happening by about 50% with further improvements likely. Primary prevention of HIV infection was also important. The effective interventions already available to protect young children must be widely implemented to support demand for improved and lower cost technologies. The Committee should consider how the agencies could work to make such interventions widely available.

11. Dr Sadik, Executive Director of UNFPA, welcomed the growth in coordinated programming at country level, both in terms of content and timing. She drew attention to the Special Session of the General Assembly and its resolution 53/183 which noted the adoption of Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development.[1] Five aspects of the document had particular relevance to the discussions of the Committee – in particular the benchmark indicators described in paragraphs 34 (*inter alia* universal access to primary education), 53 (*inter alia* access to reproductive health care and sexual health services), 58 (*inter alia* eliminating the gap between unmet needs and availability of contraceptive services), 64 (*inter alia* reduction of maternal mortality levels), and 70 (*inter alia* goals of HIV/AIDS infection reduction). The follow-up to the Conference was a shared responsibility; the roles of each organization needed to be clarified, mechanisms for collaboration at country level as well as coordination on intercountry initiatives needed to be improved. Paragraphs 55 (Reproductive health, including family planning), 61 (Ensuring voluntary quality family planning services), 66 (Reducing maternal mortality and morbidity) and 89 (Partnerships and collaboration) were of special interest in that regard. The Task Force on Basic Social Services For All had addressed development of a core set of indicators for which data can actually be collected, as well as strengthening collaboration with nongovernmental organizations and the private sector.

12. Given the consensus on effective interventions for reduction of maternal mortality, the direction given by paragraph 66 of document A/S-21/5/Add.1 needed to be operationalized.[2] She would welcome further involvement of UNFPA in the area of immunization. The approach of focusing on mother-to-child transmission of HIV should be embedded in a broader strategy; Botswana for example had already

[1] Document A/S-21/5/Add.1.

[2] *The World Health Organization in cooperation with other relevant United Nations bodies is urged to fulfil its leadership role within the United Nations system in assisting countries, in particular developing countries, to put in place standards for the care and treatment for women and girls that incorporate gender-sensitive approaches and promote gender equality and equity in health-care delivery and to advise on functions that health facilities should perform to help guide the development of health systems to reduce the risks associated with pregnancy, taking into consideration the level of development and the economic and social conditions of countries. At the same time, United Nations agencies, including the United Nations Population Fund and the United Nations Children's Fund, and multilateral development banks, such as the World Bank, should intensify their role in promoting, supporting, advocating for and investing in action to improve maternal health.*

widened its approaches to involve other sectors of society in preventive measures. UNFPA was already closely involved in issues relating in a holistic way to adolescent health.

REVIEW OF THE TERMS OF REFERENCE OF THE WHO/UNICEF/UNFPA COORDINATING COMMITTEE ON HEALTH (Agenda item 5) (Document CCH2/99/2)

13. The Committee was informed that its draft terms of reference had been approved by the Executive Boards of UNICEF and UNDP/UNFPA in September 1998 (decisions 98/25, item 12 and 1998/20, respectively) and by the Executive Board of WHO in January 1999 (resolution EB103.R17). The Executive Boards of UNICEF and UNDP/UNFPA and the World Health Assembly had been notified of the WHO Executive Board's decision.

FOLLOW-UP TO THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD+5) (Agenda item 7)

Reduction of maternal mortality and morbidity (including use of micronutrients) (Agenda item 7a) (Document CCH2/99/4)

14. The Committee recognized the progress made through agreement on a core set of interventions for the reduction of maternal mortality and morbidity and on the need for stronger collaboration at country level, marking a shift in policy from screening, through antenatal care and detection of high-risk pregnancies to care at birth and in the immediate postpartum period for all women. Emphasis was placed on: the need to strengthen preventive measures through improved family planning; better nutrition for girls and women before and during pregnancy; improved education for girls and women; increased access to health and social services; and improvement in skilled attendance at birth. Particular attention should be given to improving awareness among women and their families of danger signals during pregnancy for which attention should be sought. There was also a need to collect data on morbidity in pregnant women. The Committee welcomed the introduction of a multiple micronutrient supplement which, while not a replacement for an adequate diet, should help to reduce deficiencies which were increasingly being recognized as important. Possibilities for low-cost manufacture of the supplement were being explored.

15. The Committee expressed support for exploring the feasibility of establishing Maternal Health Theme Groups. It would be important to ensure that, if established, the Theme Groups were multisectoral in nature, appropriately structured, and managed with the collaboration of governments and other partners including nongovernmental organizations. Activities in relation to the Theme Groups and initiatives such as the joint planning guide for improving maternal and newborn survival and well-being and Integrated Management of Pregnancy and Childbirth should be carefully coordinated within the larger framework of collaboration to improve women-friendly reproductive health services. This framework should be articulated under a common umbrella strategy. It should indicate clearly the tools and other programme instruments to be used. It should also indicate how the various activities relate to each other within the overall objective of reduction of maternal mortality and morbidity. An effective mix of vertical and horizontal programming adapted to specific country needs was needed, with clear definition of roles and responsibilities. Support to countries in developing financing of basic health services was another important issue.

16. The attention of the Committee was drawn to the process under way to revise the ILO Maternity Protection Convention first formulated in 1919[1] and to the negative implications of any changes in respect of provision for nursing breaks for working mothers. It was agreed that WHO, UNICEF and UNFPA should use their influence in negotiations and communications with ILO to emphasize the importance of breastfeeding and of maintaining the right to nursing breaks.

Action points

A. Advocacy efforts should continue at interregional and regional levels, in order to mobilize more resources for the implementation of national programmes, especially in countries with high maternal mortality.

B. The secretariats of WHO, UNFPA and UNICEF should explore the feasibility of establishing Maternal Health Theme Groups at country level, as subgroups of the Health Theme Groups mentioned in the 1998 report of CCH.[2] This would include a review of the experience (e.g. the membership, objectives, activities, cost and results achieved) of existing Theme Groups. This review should be accomplished within one year, and specific recommendations should be made and acted upon where feasible before the next meeting of CCH. The Theme Groups would (i) share information; (ii) develop a coordinated action plan to support national programmes and select a few focused country-specific priority interventions, for which adequate technical support was ensured; and (iii) assist governments in their efforts to raise funds within the action plan. Following the pattern of the United Nations Theme Groups on HIV/AIDS, the groups would act as the backbone of larger coalitions involving stakeholders in different sectors and a cross-section of partners.

C. A joint planning guide, as a companion document to the Joint Statement on *Reduction of Maternal Mortality*, should be rapidly finalized and disseminated to support the work of country theme groups in building national capacity.

D. Policy documents and technical guidelines should be widely disseminated and their use evaluated.

E. UNFPA, UNICEF and the World Bank should collaborate closely with WHO in the finalization of the Integrated Management of Pregnancy and Childbirth (IMPAC) approach through external review and participation in the development of tools to supplement this strategy, in order to make IMPAC a common framework for improving maternal and newborn health care at country level. Issues to be addressed through this collaboration include monitoring, family and community practices, costing and financing, regulation of providers' practices, transportation/communication, and staff development.

F. The interagency collaboration on criteria and standards for improving the quality of women-friendly reproductive health services should continue under the leadership of WHO.

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[1] Maternity Protection Convention, 1919 (Convention concerning the Employment of Women before and after Childbirth, ILO C3); Maternity Protection Convention (Revised), 1952 (Convention Concerning Maternity Protection, Revised 1952, ILO C103).

[2] *Report of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH)* (1998), paragraph 52.

G. All organizations should promote actions to improve the nutritional status of girls and women including those recommended in the Consensus Document[1] to reduce anaemia in pregnancy.

H. The Director-General of WHO and the Executive Directors of UNICEF and UNFPA are urged to work with the Director-General of ILO to ensure that he is aware of the health implications of the draft revised ILO Maternity Protection Convention, the negative impact it will have on children's and women's rights and the fact that removal of nursing breaks from the Convention will deny women rights that have been theirs since 1919.

I. WHO, UNICEF and UNFPA should operationalize the terms of paragraph 66 of document A/S-21/5/Add.1.

Adolescent health and development (Agenda item 7b) (Document CCH2/99/5)

17. The Committee acknowledged that there had generally been fruitful and effective cooperation not only between the three organizations, but also with a wide range of other international organizations, local and regional nongovernmental organizations, and others. There had been increased action for adolescent health and development in each organization; operational issues were becoming clearer as a result. Whilst it was important to harmonize efforts so as not to overlap, the long-term sustainability of the programmes depended on the various elements being appropriately linked. Multisectoral action was essential but its realization was difficult. Success was reported in joint activities at a regional level, with assessment and programming activities and an example given of the development of a regional strategy in the WHO European Region. Note was made of the ongoing collaborative work on programme level measurement. This was a difficult area in which progress was necessary to support improved quality of programmes for adolescent health and development and to expand their coverage. The discussion covered aspects of the role of parenting and other causative factors, such as societal influence and community support in adolescent development, in a continuance of the topic raised in the first session of the Committee in 1998.

18. To make best use of resources, the "best practices" and tools in adolescent health must be identified and the information shared among all parties involved. The publication on *Programming for adolescent health and development*[2] jointly prepared by WHO, UNFPA and UNICEF in 1997 was a good starting point.

19. As a means to furthering the implementation of the programming for adolescents in countries, the organizations should define their specific roles and interests and further specify areas which require intensified collective action.

[1] UNU/UNICEF/WHO/MI, *Preventing iron deficiency in women and children: Background and consensus on key technical issues and resources for advocacy, planning and implementing national programs.* Micronutrient Initiative, Ottawa, in press.

[2] WHO Technical Report Series, No. 886, 1999.

Action points

A. WHO, UNICEF and UNFPA should continue efforts to act as advocates for adolescent health and development, and to use opportunities related to the ongoing follow-up to the ICPD Programme of Action and the development of the Future Global Agenda for Children.

B. The secretariats of WHO, UNFPA and UNICEF should explore the feasibility of establishing Adolescent Health Theme Groups at country level, as subgroups of the Health Theme Groups mentioned in the 1998 report of CCH.[1] This would include a review of the experience (e.g. the membership, objectives, activities, cost and results achieved) of existing Theme Groups. This review should be accomplished within one year, and specific recommendations should be made and acted upon where feasible before the next meeting of CCH. The Theme Groups would (i) share information; (ii) develop a coordinated action plan to support national programmes and select a few focused country-specific priority interventions, for which adequate technical support was ensured; and (iii) assist governments in their efforts to raise funds within the action plan. Following the pattern of the United Nations Theme Groups on HIV/AIDS, the groups would act as the backbone of larger coalitions involving stakeholders in different sectors and a cross-section of partners.

C. WHO, UNICEF and UNFPA should develop a practical tool to operationalize the WHO/UNFPA/UNICEF country programming framework on adolescent health and development, to assist countries with implementation.

D. The three organizations should develop an outline to summarize the implementation and impact of collaborative and individual efforts to promote adolescent health and development in countries, taking due account of the relevant goals in plans of action already internationally agreed upon.

E. WHO, UNICEF and UNFPA should develop a plan of action for expanding capacity at regional and country level to further programme implementation and should specify responsibilities and timelines.

F. The three organizations should review and define research priorities.

G. WHO, UNICEF and UNFPA should consider the specification of interventions which address parenting, the role of society and the community *vis-à-vis* adolescent health and development.

HIV/AIDS (with a focus on mother-to-child transmission) (Agenda item 7c) (Document CCH2/99/6)

20. The Committee welcomed the pilot projects currently under way in a number of countries to implement short-course antiretroviral treatment for the reduction of mother-to-child transmission of HIV (MTCT). However, prevention of MTCT also depended on a number of other important measures. The Committee therefore endorsed the global interagency initiative for the reduction of MTCT launched by WHO, UNICEF, UNFPA and UNAIDS in June 1998 with a view to cooordinating activities through two

[1] *Report of the WHO/UNICEF/UNFPA Coordinating Committee on Health (CCH)* (1998), paragraph 52.

formal mechanisms and providing a clear definition of the roles and functions of the four organizations in that area.

21. All four organizations should play an overall advocacy role. In addition, particular efforts should be made to improve data collection, increase access to counselling and testing and reduce the risk of stigmatization of mothers enrolled in intervention programmes. Promotion of responsible male sexual behaviour, condom use and reduction of substance abuse and promotion of safer sexual behaviour in young people were also important. Measures should be backed, where appropriate, by legislation. Negotiations with industry should be pursued to ensure that affordable and effective drugs and other supplies were available. The plight of HIV/AIDS orphans was also raised as an issue of concern, and it was noted that reduction of MTCT would reduce the number of HIV-infected orphans.

22. The Committee was informed of recent developments concerning the use of nevirapine to prevent MTCT and of the conclusions of a meeting held to assess those developments.[1]

Action point

A. WHO, UNICEF and UNFPA should accelerate implementation of activities related to the global interagency initiative for the reduction of mother-to-child transmission of HIV. It should be impressed on policy-makers that access to information and to testing and counselling constitutes a fundamental human right.

Coordination of the follow-up (Agenda item 7d) (Document CCH2/99/7)

23. There were many interlinked areas of common concern to the organizations. For example, WHO, UNICEF and UNFPA should focus more on the prevention of HIV infection among adolescents, making this a priority issue within the overall follow-up action proposed on adolescent health and development and within their work as cosponsors of UNAIDS. The follow-up activities proposed were also closely concerned with aspects of maternal and child health, which were in themselves cross-linked to HIV/AIDS issues.

24. The preparation and analysis of data, and the development of new indicators such as those linked to the Framework for Assessment for Health System Performance were exciting advances and commitment was expressed to working with partners on them. A possibility of future work was mentioned: the framework for national health accounts developed in collaboration with OECD and the World Bank, whereby, *inter alia*, inequities in personal versus public expenditure on health could be highlighted. The general area of health financing and its implications for equity was mentioned.

Action points

A. **Benchmark indicators.** WHO should convene a technical consultation on benchmark indicators on reproductive health, cosponsored by UNFPA and UNICEF, involving all other appropriate partners particularly representatives from developing countries. The objectives of the meeting

[1] Report of a WHO/UNAIDS Technical Working Group Meeting in Collaboration with UNICEF and UNFPA, Geneva, 10-11 August 1999 (document WHO/RHR/99.19).

would be to: (i) agree on a common set of not more than 15 indicators for reproductive health, (ii) develop a plan of work to provide guidance and technical assistance to countries in order to strengthen their capacity to collect and report on these indicators, and (iii) agree on how jointly to implement such a plan.

B. **Gender.** UNICEF, UNFPA and WHO should:

- promote the disaggregation and analysis of all health-related data by sex;
- develop common approaches and messages in regard to gender equity and equality and ensure that these are disseminated throughout the organizations;
- develop a common set of gender and health indicators to be used by countries both to monitor their progress toward gender equity and equality and to develop specific policy and programme initiatives to accelerate such progress.

C. **HIV/AIDS.** WHO, UNFPA and UNICEF, within the framework of UNAIDS, should increase their focus on and support to the prevention of HIV transmission among adolescents, in particular in countries where HIV levels among adolescents are high, making this a priority issue within the overall follow-up action proposed on adolescent health and development.

D. **HIV/AIDS.** Programmes should focus on: sexuality education for both young women and young men, jointly where feasible; advocacy and awareness creation on the issues of sexual violence and exploitation; and an examination of whether existing laws and policies help adolescents protect themselves from HIV infection.

IMMUNIZATION (Agenda item 8) (Document CCH2/99/8)

25. An overview was given of the very encouraging progress made by the three organizations and the plans for the eradication of poliomyelitis, the elimination of maternal and neonatal tetanus, the expansion of immunization services and improvement in the quality of immunization services.

26. Routine immunization coverage was declining in some areas, but the poliomyelitis eradication initiative had strengthened routine immunization services in Africa, for example, where integrated surveillance had been established, using the poliomyelitis reporting system as the basis. There was some discussion in the Committee as to whether there was a conflict between the development of health systems and targeted programmes. The evidence supported an improvement in service rather than the contrary. For example, the capacity of laboratories in Africa to process stool samples had doubled as a result of the poliomyelitis eradication activities. The poliomyelitis eradication initiative was seen rather as a platform for strengthening immunization and preventive services. A meeting was to be held[1] to analyse more exactly the impact of the poliomyelitis eradication initiative on health systems on the basis of studies in three selected countries. WHO, UNICEF and UNFPA are committed to wide access to the basic preventive

[1] Meeting on the Impact of Targeted Programmes on Health Systems: A Case Study of the Polio Eradication Initiative. WHO/HTP and WHO/EIP, Geneva, 16-17 December 1999.

health interventions which could be delivered, whilst still working on the long-term goal of improvement of health systems. The two were not mutually exclusive, but complementary.

27. Collaboration between all the parties concerned was key to success, and the Global Alliance for Vaccines and Immunization would provide a good example of this. WHO had also been working with UNICEF to build sustainable outreach services, capitalizing on the very high coverage that had been achieved through the poliomyelitis eradication campaign.

28. Concern was expressed about cross-border transmission of poliomyelitis, due to the wild poliovirus which was still circulating in neighbouring countries. That concern was met by the assurance that concerted action was under way, with accelerated efforts in western Africa, such as door-to-door immunization; progress in bringing the circulation of the wild virus under control was already good. It was stressed that no effort should be spared in the drive to achieve the goal of eradication by the end of the year 2000.

29. Childhood immunization should be viewed as part of a broad-based effort to improve child health in the context of work to reduce poverty and develop health systems. It was a right of the child to be healthy; immunization activities should be closely coordinated with other activities to protect the child carried out under the joint WHO/UNICEF Integrated Management of Childhood Illness initiative. Children should not suffer through their countries being at war; the cease-fires negotiated, for example in Sudan for two weeks to allow national immunization days for both sides, were good examples of the opportunities presented by the poliomyelitis eradication effort.

Action points

A. WHO and UNICEF should continue to collaborate closely at global, regional and country levels to improve the coverage, scope and quality of immunization services. The two organizations should seek to agree on and coordinate objectives, strategies, timeliness, resource allocation and technical support at all levels through joint assessment and planning exercises. The two organizations have a critical role to play at country level. They should collaborate to ensure that GAVI milestones are met and that good plans are developed for use of the Global Fund for Children's Vaccines and other resources. The two organizations should devote sufficient administrative and technical capacity to supporting these activities.

B. WHO and UNICEF should continue jointly to call, at the highest political level, for commitment by poliomyelitis-endemic countries and donor countries to the target date for poliomyelitis eradication of the end of the year 2000. The two organizations should urge the poliomyelitis-endemic countries to translate this commitment into acceleration, with additional immunization activities and strengthening of poliomyelitis surveillance, and should urge donor countries to ensure that the funds and support they have committed themselves to provide will be made available in a timely manner. Deployment of funds in full and in a timely manner is especially important given the increasing need to order oral poliomyelitis vaccine (OPV) far in advance to ensure an adequate supply of vaccine. The two organizations should ensure the provision of sufficient administrative and technical capacity to support poliomyelitis eradication activities.

C. WHO and UNICEF should take full advantage at the highest political level of the capacity of the United Nations and other organizations with expertise or influence in conflict-affected areas to negotiate a safe working environment and access to unreached communities for poliomyelitis

National Immunization Days as well as other essential health services, especially in Afghanistan, Angola, Democratic Republic of the Congo, Somalia and southern Sudan.

D. WHO, UNICEF and UNFPA should jointly call for commitment by countries where maternal and neonatal tetanus remains a public health problem to reach and sustain the elimination of this disease. The three organizations should call for donor country governments to support these efforts. The three organizations should ensure that sufficient administrative and technical capacity is committed to supporting countries in reaching and sustaining the goal.

E. Recognizing that poliomyelitis eradication and MNT elimination activities reach the hardest-to-reach populations, WHO, UNICEF and UNFPA should use these two disease control initiatives to learn and establish new ways to continue to reach these populations in a sustained manner with immunization and other essential services, such as vitamin A supplementation and deworming, through capacity-building in immunization service management and strengthening of immunization infrastructure in hard-to-reach areas.

F. WHO, UNICEF and UNFPA should urge all developing countries to commit resources to increasing the coverage, scope and quality of immunization services, and donor country governments to provide adequate financial and technical assistance, especially to the poorest countries.

G. WHO, UNICEF and UNFPA should urge all countries including donor countries and agencies to adopt the WHO-UNICEF joint policy on safety of injections in immunization services. WHO, UNICEF and UNFPA should urge all countries to use Auto-Disable syringes for all services where technically feasible.

H. WHO and UNICEF should advocate and assist in the capacity-building needed to improve the quality of data to enable immunization coverage and disease outcome measures to be better indicators of the success of the poverty reduction process.

REVIEW OF THE RESOLUTIONS AND DECISIONS OF THE GOVERNING BODIES OF WHO, UNICEF AND UNFPA (Agenda item 6) (Document CCH2/99/3)

30. The Committee took note of World Health Assembly resolutions WHA52.19 (Revised drug strategy), WHA52.22 (Eradication of poliomyelitis), WHA52.23 (Strengthening health systems in developing countries), WHA52.24 (Prevention and control of iodine deficiency disorders) and UNDP/UNFPA Executive Board decisions 99/4 (UNFPA and sector-wide approaches), 99/6 (UNFPA support for reproductive health in emergency situations), 99/18 (ICPD+5), 99/19 (UNFPA: Technical Advisory Programme, 2000-2003) and other issues in relation to coordination of health matters between the three organizations raised at their governing bodies, which were relevant to the Committee's work.

Action point

A. Members of CCH should bring to the attention of the Executive Boards of WHO, UNICEF and UNFPA matters that relate to the respective mandates of the organizations, and those for which concerted action by all the organizations will be required for implementation to be achieved.

OTHER BUSINESS (Agenda item 10)

Date and place of the next meeting

31. The Committee noted that, in accordance with its terms of reference, its next session would be chaired by a member of the Executive Board of UNFPA. It was agreed that because of the need for continuity of membership of the Committee and the rapidly evolving health situation, it would be preferable to hold the session early in 2001. Preference was expressed for New York as the location.

32. The Committee agreed that as a standard practice, the first substantive item of the agenda at each session should be consideration of a report on progress in implementing the recommendations it had made at its previous session. The report should be circulated well before the meeting and consideration should be given to including country reports indicating successes and failures in progress towards the attainment of individual and collective goals, in particular in respect of support to national strategic plans. An indication of the impact of activities on the overall status of health systems should also be included, where possible. The possibility of requesting donors to fund missions to review WHO/UNICEF/UNFPA coordination on specific issues in selected countries should be explored.

33. Mother-to-child transmission of HIV, sector-wide approaches, the financing and strengthening of health systems, and newly emerging diseases were suggested as topics for inclusion on the agenda of the next session. Mindful of the time constraints and the need to focus on a limited number of issues, it was agreed that in addition to the report on implementation of previous recommendations, it would be preferable to focus in depth on a single topic, namely, sector-wide approaches on selected issues of relevance to the Committee. This could be linked with financing and strengthening of health systems.

34. The Committee discussed ways in which its deliberations could be made more effective and stimulating, and agreed that the feasibility of including a presentation by a country team should be examined. However, the time available at Committee sessions was limited. It was agreed that timely circulation of the documents for the session, together with relevant background documents, and a list of appropriate contacts, would assist members in preparing effective contributions. Ways of improving continuity of membership of the Committee should be sought.

Action points

A. The secretariats of WHO, UNICEF and UNFPA should make arrangements for the third session of the Coordinating Committee on Health to be held at a suitable venue in New York as early as possible in 2001.

B. The agenda for and format of the Committee's third session should be decided by WHO, UNICEF and UNFPA, taking into account the points raised during the discussion. The documents should, to the extent possible, be prepared using a common format, including broad respective roles and responsibilities and expected outcomes and timeframes.

C. Committee members should request their Executive Boards to review mechanisms for designating members of the Coordinating Committee on Health with a view to improving continuity of membership.

CLOSURE OF THE SESSION

35. After the customary exchange of courtesies, the session was closed.

* * *

WHO/OMS UNICEF UNFPA/FNUAP

WHO/UNICEF/UNFPA Coordinating Committee on Health
Geneva, 2-3 December 1999

CCH2/99/DIV/3
29 November 1999

Annex I

LIST OF PARTICIPANTS

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Director of International Relations
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Dr Carol Vlassoff
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Dr Suwanna Warakamin
Director
Family Planning and Population Division
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IV. Secretariat

UNICEF

Ms Carol Bellamy, Executive Director
Mr David Alnwick, Chief, Health Section
Mr Denis Caillaux, Secretary, UNICEF Executive Board

UNFPA

Dr Nafis Sadik, Executive Director
Dr Nicholas Dodd, Chief, Technical Branch, Technical and Policy Division
Mr Richard Snyder, Chief, Executive Board Branch

WHO

Dr Gro Harlem Brundtland, Director-General
Dr Tomris Türmen, Senior Policy Adviser, Office of the Director-General
Dr Olive Shisana, Executive Director, Family and Community Health
Dr Bill Kean, Director, External Cooperation and Partnerships

V. Observers

UNAIDS

Dr Awa M. Coll Seck, Director, Policy, Strategy and Research

World Bank

Ms Claudia von Monbart, Senior External Affairs Counsellor, Resident Mission, Paris

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WHO/OMS UNICEF UNFPA/FNUAP

WHO/UNICEF/UNFPA Coordinating Committee on Health
Geneva, 2-3 December 1999

CCH2/99/1
22 October 1999

Annex II

Agenda

1. Opening of the session
2. Election of Chair and Rapporteurs
3. Adoption of agenda and timetable
4. Statements by the Executive Heads of WHO, UNICEF and UNFPA
5. Review of the terms of reference of the WHO/UNICEF/UNFPA Coordinating Committee on Health
6. Review of the resolutions and decisions of the governing bodies of WHO, UNICEF and UNFPA
7. ICPD+5 (Five years after the International Conference on Population and Development)
   - (a) Reduction of maternal mortality and morbidity (including use of micronutrients)
   - (b) Adolescent health and development
   - (c) HIV/AIDS (with a focus on mother-to-child transmission)
   - (d) Coordination of the follow-up
8. Immunization
9. Approval of the draft report
10. Other business
11. Closure of the session

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